


Name : Mrs. Akanksha Address : pune Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 33 Y Sex : F	UHID :CVIM.0000233292  OP Number :CVIMOPV578073 Bill No :CVIM-OCR-61239 Date : 09.12.2023 09:48
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(FASTING)	
✓2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓3	HbA1c, GLYCATED HEMOGLOBIN	
✓4	D'ECHO	
✓5	LIVER FUNCTION TEST (LFT)	
✓6	X-RAY CHEST PA	
✓7	GLUCOSE, FASTING	
✓8	HEMOGRAM + PERIPHERAL SMEAR	
✓9	ENT CONSULTATION	
✓10	FITNESS BY GENERAL PHYSICIAN	
✓11	GYNAECOLOGY CONSULTATION	
✓12	DIET CONSULTATION	
✓13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
✓15	PERIPHERAL SMEAR	
✓16	ECG	
✓17	BLOOD GROUP ABO AND RH FACTOR	
✓18	LIPID PROFILE	
✓19	BODY MASS INDEX (BMI)	
✓20	TBC PAP TEST- PAPSURE	
✓21	OPHTHAL BY GENERAL PHYSICIAN	
✓22	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓23	ULTRASOUND - WHOLE ABDOMEN	
✓24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
25	DENTAL CONSULTATION	
✓26	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2hrs	

✓ Vitamin D

Pragatvharan@gmail.com

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of AKanksha on 09/12/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>C. Faysa bok once a week (every Tuesday at night) x 6 weeks.</u></p> <p>2..... <u>Subclinical Hypertension</u></p> <p>3..... <u>Repeat thyroid profile after a month.</u></p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Archana V.
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes.

Dr. Archana V. MBBS
 Registration No. 103429

Date : 09-12-2023
 MR NO : CVIM.0000233292
 Name : Mrs. Akanksha
 Age/ Gender : 33 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:47

Height : 151	Weight : 60.9 kg	BMI : 27	Waist Circum : 82 cm.
Temp : 97	Pulse : 84	Resp : 20/hr	B.P : 100/70

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

No complaints

No Appendectomy - last year

SYSTEMS:

- . CVS:
- . CNS:
- . RS:

HEAD

Follow up date:


Dr. Chinmay D. Naik
 MBBS., CDM
 certificate course in treatment of
 Diabetes Mellitus
 Reg. No. INC-15/1948
 Doctor Signature

Ashankha

33yr

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

9/12/23

L

Ubc cytology - not done

Rubella Ig G

Clinical Diagnosis & Management Plan

33 yr multipara
cycles regular
LMP - 20/11/23

Past not relevant
Planning pregnancy

P/S - unwilling
for amniotic Acd



DR. SHIVANI JAIN
MBBS (OBST & GYNAE)
MO. - 2022/12/9453

① Tab
Folic acid
Surge on
x Today
Doctor Signature

Follow up date:

Mrs. Akashg

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

<p>General Examination / Allergies History</p>	<p>Clinical Diagnosis & Management Plan</p> <p style="text-align: center;">  acute (r) Asystole, Post ECT] MMS </p>
	<p>Follow up date:</p>
	<p>  Doctor Signature </p>

EYE EXAMINATION

DATE: 9/12/23

NAME:- Anisha

MO :-

AGE:- 35yr

CORPORATE:- Apollo

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/5	N/5
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

[Handwritten signature]

Impression - Normal Eye Check Up.

(Ophthalmology)



233292
33 Years

mts AKANSHA (VN)
Female

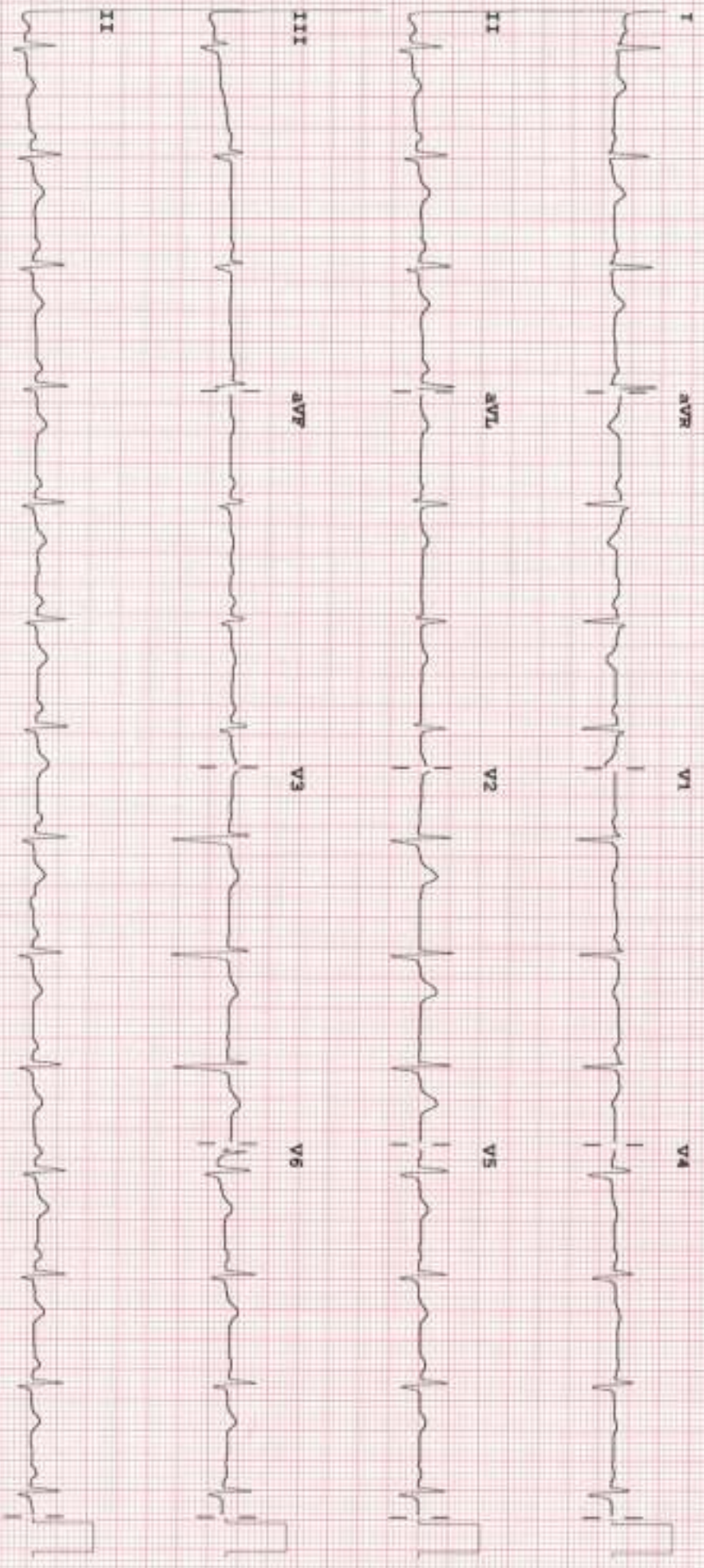
09-Dec-23 11:43:15 AM

Rate 82 Sinus rhythm
PR 142 Baseline wander in lead(s) II, III, aVR, aVL, V1, V3, V4, V6 Normal P axis, V-rate 50-99
QRSD 83
QT 368
QTc 430

--AXIS--
P 36
QRS 18
T 24
12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Iimb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50- 40 Hz W

PH100B CL P2

A-11W CC

Patient Name : Mrs.AKANKSHA	Collected : 09/Dec/2023 09:59AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 01:46PM
UHID/MR No : CVIM.0000233292	Reported : 09/Dec/2023 03:53PM
Visit ID : CVIMOPV578075	Status : Final Report
Ref Doctor : Dr.SELF	

DEPARTMENT OF IMMUNOLOGY

HUL VITAMIN D FY 24 PROMO

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	9.1	ng/mL		CMIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



Patient Name : Mrs.AKANKSHA	Collected : 09/Dec/2023 09:57AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 01:05PM
UHID/MR No. : CVIM.0000233292	Reported : 09/Dec/2023 03:12PM
Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs AKANKSHA	Collected : 09/Dec/2023 09:57AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 01:05PM
UHID/IR No : CVIM.0000233292	Reported : 09/Dec/2023 03:42PM
Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	85	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
 - Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 - 6.4
DIABETES	≥ 6.5

Patient Name	: Mrs.AKANKSHA	Collected	: 09/Dec/2023 09:57AM
Age/Gender	: 33 Y 9 M 16 D/F	Received	: 09/Dec/2023 01:39PM
UHID/MR No	: CVIM.0000233292	Reported	: 09/Dec/2023 03:19PM
Visit ID	: CVIMOPV578073	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Empl/Auth/TPA ID	: 288586		

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	190	mg/dL	<200	CHO-POD
TRIGLYCERIDES	94	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	144	mg/dL	<130	Calculated
LDL CHOLESTEROL	125.59	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.87	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.17		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.33	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.25	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	52.01	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.9	U/L	<35	IFCC
ALKALINE PHOSPHATASE	91.45	U/L	30-120	IFCC
PROTEIN, TOTAL	7.37	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.51	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	14.29	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.64	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138.05	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.48	mmol/L	101-109	ISE (Indirect)



Patient Name : Mrs.AKANKSHA	Collected : 09/Dec/2023 09:57AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 01:39PM
UHID/MR No : CVIM.0000233292	Reported : 09/Dec/2023 03:19PM
Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.70	U/L	<38	IFCC



Patient Name	: Mrs. AKANKSHA	Collected	: 09/Dec/2023 09:57AM
Age/Gender	: 33 Y 9 M 16 D/F	Received	: 09/Dec/2023 03:10PM
UHID/MR No	: CVIM.0000233292	Reported	: 09/Dec/2023 03:11PM
Visit ID	: CVIMOPV578073	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 288586		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.068	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



Patient Name : Mrs. AKANKSHA	Collected : 09/Dec/2023 09:57AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 02:40PM
UHID/MR No : CVIM.0000233292	Reported : 09/Dec/2023 03:13PM
Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr. SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




Patient Name : Mrs.AKANKSHA	Collected : 09/Dec/2023 09:57AM
Age/Gender : 33 Y 9 M 16 D/F	Received : 09/Dec/2023 01:10PM
UHID/MR No : CVIM.0000233292	Reported : 09/Dec/2023 01:40PM
Visit ID : CVIMOPV578073	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 288586	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

***** End Of Report *****



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



DR Sanjay Ingle
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Patient Name	: Mrs. Akanksha	Age	: 33 Y F
UHID	: CVIM.0000233292	OP Visit No	: CVIMOPV578073
Reported on	: 09-12-2023 12:16	Printed on	: 11-12-2023 08:15
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears retroverted and normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 6.4 mm.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

IMPRESSION:-
No significant abnormality detected.

Patient Name	: Mrs. Akanksha	Age	: 33 Y F
UHID	: CVIM.0000233292	OP Visit No	: CVIMOPV578073
Reported on	: 09-12-2023 12:16	Printed on	: 11-12-2023 08:15
Adm/Consult Doctor	:	Ref Doctor	: SELF

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:09-12-2023 12:16

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mrs. Akanksha Age : 33 Y F
UHID : CVIM.0000233292 OP Visit No : CVIMOPV578073
Reported on : 09-12-2023 12:51 Printed on : 11-12-2023 08:15
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:09-12-2023 12:51

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NAME : MRS AKANSHA
AGE : 33 Y/ F

DATE : 11/12/2023

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : has thin leaflets, normal subvalvular apparatus. Trivial MR / No MS

AORTIC VALVE : Thin trileaflets, normal gradients across the valve. No AR/ AS

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients .Mild tricuspid regurgitation. Rvsp- 30 mm hg.No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. No LV diastolic dysfunction. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS: Thin at fossa ovalis but no colour flow seen across the ias.

IVS : intact.

No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:30MM
LEFT ATRIUM	:31 MM
IVSd	:10MM
PWd	:10 MM
LVIDd	:47 MM
LVIDs	:32 MM
LVEF	:60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH



DR.PRAMOD NARKHEDE
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TO BOOK AN APPOINTMENT

 **1860 500 7788**